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SURGICAL LECTURES.

Theatre, St. Thomas's Hospital,
Thursday Evening,
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LECTURE 46.

On Dropsy of the Abdomen

There are two species of this Dropsy, viz. *Peritoneal* or *ascites* and the *encysted* or *ovarian*. The peritoneal dropsy is an accumulation of water in the cavity of the peritoneum, and the ovarian dropsy is a collection of water in the membrane which covers the ovarium; first, then, of

Ascites or Peritoneal Dropsy.

The first symptom which a person feels who is affected with ascites, is pain on the abdomen being pressed; every day this symptom becomes more and more severe, until even the clothes, if ever so loosely worn, will feel too tight on the body, and the person will be desirous of having them removed. Well, the body goes on gradually enlarging, until, at length, the person applies for medical advice. Upon examination it will be found that the intestines are floating in a fluid, the abdomen enlarged, (in proportion, of course, to the quantity of fluid within,) and upon loosening the clothes, applying a hand to each side of the body, and gently using pressure with one hand and slightly tapping the abdomen with the other, or giving the body a gentle sudden jerk from side to side, fluctuation will be readily perceived. As the secretion of water increases, the abdomen becomes more tense, pressure is produced on the diaphragm, which occasions a difficulty of breathing, which is more especially felt in the hurry of exercise, so that dyspnœa at length becomes a very distressing symptom arising from the accumulation of water in the abdomen, until it reaches the lower part of the diaphragm, in consequence of which the contraction of that muscle becomes necessarily impeded, and the difficulty of breathing therefore produced. As the abdomen increases, fluctuation may, as I before stated to you, be easily distinguished by applying your hand to one side of the body, and by gently tapping the opposite side with the other, the undulations of the water will be readily felt by the fingers which are pressing on the abdomen; thus, then, the fluid can be so readily felt, and the symptoms so manifest, viz. the difficulty of

breathing, the great increase of that quickness on taking exercise, the inconvenience arising from the slightest pressure by the clothes, and the gradual enlargement of the abdomen, so strongly point out to the surgeon the true character of the disease, that it is hardly possible he can form an incorrect opinion respecting it.

The quantity of water usually drawn from individuals affected with ascites is from twenty-five to thirty pints; in this respect, however, as you may suppose, there is considerable variation, but the quantity a surgeon expects who has performed the operation of tapping on many persons, is what I have just stated to you; and from twenty-five to thirty pints the first time the operation is performed will be the number generally drawn off.

The fluid secreted in ascites is serum, but does not contain so much albumen as serum in general: when there has been any inflammation in the abdomen and ascites present, it will occasionally happen that so large a quantity of adhesive matter will escape from the vessels as to mix with the serum, and cause it readily to coagulate, by the addition with the mineral acids of alcohol, but such a quantity of adhesive matter as produces this effect is not often met with. The fluid therefore found in ascites is more of a watery nature, having in its composition less albumen than serum in general.

The Causes of Ascites

The most common cause of ascites is disease of the liver: in this period of our session, it would be impertinent in me to describe to you the anatomy of these parts, you will therefore readily understand me when I say, that diseases of the liver, by impeding the circulation of the blood through that organ, by obstructing its free passage, must of necessity occasion a congestion of blood in the vessels of the mesentery, stomach, spleen, pancreas, and neighbouring parts; and for the relief of this congestion, nature is under the necessity of effusing from the filled vessels, the serum which we subsequently find in the bag of the peritoneum.

But besides this common cause of ascites arising from the mechanical obstruction of return to the blood; there is another cause which very frequently produces the disease, viz. enlargement of the abdominal viscera; say the spleen, for example; from its enlargement, it presses upon and irritates the peritoneum, a greater quantity of blood than usual is then determined to the part with a view of getting rid of the irritation, which, however, still continuing, the serum becomes secreted so profusely as to produce the disease of which I am now speaking, so that although the two causes I have mentioned are widely different in principle, yet in effect they are precisely similar.

In the first it is produced through mechanical obstruction; whereas in the last it is the result of local irritation; besides the causes just named, there are others which produce it; the most common of which is the debility arising from fever.—Mercury likewise will give rise

to it. if administered in such quantities as to exceed or overcome the powers of the body in debilitated constitutions: the two last last mentioned causes are favourable ones, and ascites is frequently cured when occasioned by them.

A young man had the operation of paracentesis performed for ascites which had been produced by mercury, three quarts of water were evacuated; this young man recovered. I do not mention it as an extraordinary case, either to show that mercury will produce dropsy, or that his recovery from ascites was extraordinary; but to point out to you the impropriety of tapping a person at so early a period of the disease, when the operation is attended with hazard, from the danger you run of wounding the viscera; I do not consider a surgeon justified in performing the operation of paracentesis, when the collection of water was so small, as in this case, and more especially as the medical treatment of ascites, when caused by debility either from fever or mercury, is so generally and readily remediable by medical treatment.

Diseases of the heart, lungs, and other organs, will likewise produce ascites but when it does result from affections of the two first mentioned organs, the disease is scarcely ever ascites alone; but is generally combined with hydrothorax; it is very, very rare to see ascites, as the effect of disease of the heart or lungs, without at the same time, being accompanied by hydrothorax.

Treatment.

Now, gentlemen, medical treatment, when judiciously pursued, is very often successful in the cure of ascites; in the use of medicines, however, you must take care to direct their influence against *the cause of ascites*; therefore, if the liver is the defective organ, you should endeavour to restore its healthy functions, and in this attempt your efforts will frequently be crowned with success, unless the disease has existed so long a time as completely to have broken the constitution.

When the disease is occasioned by local irritation, arising, for example, from enlargement of the spleen, you will then find great difficulty in performing a cure; but, gentlemen, not so in dropsy, arising from debility, independent of disorganization. I again repeat to you, that ascites thus occasioned can be easily cured by medical means.

Those who indulge in the use of ardent spirits are likewise often affected with dropsy of the abdomen, the spirits heat and stimulate the stomach, liver, duodenum and neighbouring parts, and act upon the same principle, and produce the same result, as the irritation arising from an enlarged spleen; they occasion a great determination of blood to the parts and an increased secretion of fluid. Upon the employment of medicine and an abandonment of the pernicious habit of spirit drinking, this disease may readily be overcome, and in that respect it differs widely from ascites, arising from enlargement of the viscera, occasioning local irritation. If the patient will but

forego the use of spirits and live temperately, the disease may be cured; and so may that dropsy which is produced by debility, after fevers. When, however, the disease is a consequence of disorganization, your remedies probably may fail, for the malady is then caused by other complaints, overwhich medicines have no power.

Medical remedies to be employed in Ascites or Dropsy of the Abdomen.

The medicines which experience has proved to be the most beneficial in dropsy of the abdomen, are calomel and squills; one grain of calomel, and 3 of squills in a pill, or 2 grains of blue pill to be combined with three grains of squills; one of these should be administered every night, or every other night, and in the day you should give a mixture, composed of from seven to ten grains of carbonate of ammonia, one drachm of spiritus æetheris nitrosi, twenty drops of tinctura digitalis, and an ounce and a half of mistura camphoræ. This medicine, given once or twice a day, with one of the above pills at night, will often succeed in restoring a person to health, whose constitution will be considered so broken and faulty, that it will be deemed impossible for him ever to regain a sound state of body. Should the dropsy have arisen from the irritation caused by ardent spirits, these must be relinquished or the complaint will not disappear. There are other medicines which are most powerful in producing an absorption of effused water, and carrying it off by the kidnies and by stool; the most active of these is the elaterium; it is indeed so active, so severe in its effects, so destructive, that you must never give it to persons of advanced years, nor to those who labour under great debility. In dropsy, however, which occurs in the middle of life, where there is strength to bear its operation, this medicine will be found a most valuable remedy. Much caution, must be exercised when you are giving it, for it is so violently drastic, that a large dose given at once may prove destructive to life; you should, therefore, as it were, feel your way with it, by giving at first small doses, and carefully ascertaining what quantity the patient's constitution will bear. In the hands of a judicious practitioner this medicine will be found truly valuable; it must, however, be exhibited to those only who have strength, and in no instance to the aged and infirm, unless in exceedingly small doses. An operation called paracentesis, or tapping, is occasionally performed for the purpose of relieving ascites, and this operation every now and then succeeds in removing the disease; this happy result can only occur in such cases where the disease has been the effect of debility, arising from some kind of fever, or from the abuse of mercury. If the operation should not cure, it will tend materially to diminish the sufferings of the patients, by relieving the load under which they labour, and by removing in great measure, the difficulty of breathing, caused by the water accumulating to such an extent

as to press upon the lower surface of the diaphragm; the removal of the water under these circumstances will likewise afford a better opportunity for the trial of medicines; this operation has also produced a permanent cure, when such a result was totally unexpected on the part of the medical practitioner. I recollect the case of a young man at Guy's, who had recovered from typhus, but who had afterwards an accumulation of water in the abdomen, on which account I was requested to see him by the late Dr. MARCET. He had an anasarca as well as ascites; I tapped his abdomen for the ascites, and punctured the lower part of the abdomen and insides of the thighs, for the anasarca. This young man was in an exceedingly weak state, and I did not imagine he would have recovered. I met Dr. MARCET three weeks afterwards, who asked me what I thought had become of the patient that I had tapped, I replied that I did not know, probably, I said, he has died. "No," said Dr. MARCET, "he is perfectly cured, and if you like you can see him." This, gentlemen, was a most fortunate case, but the greatest misfortune is, that those cures seldom occur.

The next subject on which I shall speak is the

Ovarian or Encysted Dropsy.

One of the principal differences that exists between this and the former disease is, that the ovarian dropsy is entirely local; a person may be attacked by it who is in perfect health, indeed the health of the female may be as good when she has this disease as a man's may be when he has hydrocele, and these diseases are likewise similar in both, having a local origin.

After the encysted dropsy has existed for a short time, a small tumour will be perceived just above Poupart's ligament, lying upon the brim of the pelvis, in the hollow formed by the iliacus internus muscle;—no fluctuation can be perceived in it at first; as it increases it gradually rises as high as the kidney of the affected side, it then crosses the abdomen, and fills the opposite side; it thus forms on one side, grows to a considerable size, then passes to the opposite side, and thus becomes of very considerable magnitude. There is no pain in the progress of the complaint, and the principal inconvenience that arises from it when the tumour is situated in the pelvis, is its pressing upon the bladder and causing an interruption to the free flow of urine.

It is necessary to have the abdomen very much distended, before fluctuation can be perceived; it is not by any means so distinct here in its early stages as in ascites, and requires considerable time before the fact can be correctly ascertained.

There is about the same quantity of water drawn out in ovarian dropsy, as in ascites, viz. from twenty-five to thirty pints, and when the swelling occupies both sides of the abdomen, you will not find much variation in these quantities.

You may form some idea of the size that they sometimes reach by this enormous bag, (here the professor shewed to

the class an exceedingly large dried membranous cyst); this is the cyst of an ovarian dropsy, and it contained ninety-seven pints of water, being twelve gallons and a pint, and is not the largest that has been known. I have heard of their containing above a hundred pints; and in one case from between a hundred and twenty to a hundred and thirty pints. The woman, from whom this cyst was taken, would not permit the operation of paracentesis to be performed, and therefore in all probability lost her life through her obstinancy; she grew, as you may imagine, a most unwieldy figure, and was obliged to be wheeled from place to place not being capable of taking exercise.

Now, gentlemen, it sometimes happens that the ovaries become diseased and grow to tumours of an immense size; here is one which was given to me two or three days since by Mr. CALLOWAY; you see of what immense magnitude it is, it weighs thirty-nine pounds some ounces; it was removed after death from an elderly woman, but the history of the case is unknown to me; it is not of a malignant character, and appears to be of the same nature as simple chronic tumour of the breast.

The fluid contained in the cyst of ovarian dropsy differs considerably in different subjects; in some being serous, in others mucilaginous; or likewise purulent. The fluid sometimes is so thick when mucilaginous, that it will not escape through a common-size canula, and you are under the necessity of introducing one of large diameter before you can succeed in drawing it off.

I tapped a woman in company with a surgeon in the city, and the sac in that instance contained a fluid like pus; the practitioner who was with me had found a similar discharge when he tapped her some months previously: this woman recovered; I have seen other cases of a similar description.

When you operate for ovarian dropsy, it is quite uncertain what kind of fluid you will extract, sometimes it is filled with a number of hydatids; you must not therefore be alarmed when you perform the operation of paracentesis for the relief of this complaint, if a fluid should escape different from what you expected.

Now, gentlemen, the cyst in which the water of ovarian dropsy is contained, is of two species,—one is formed of the membrane which covers the ovary, and the other from a hydatid which lodges upon that membrane; the ovary itself being quite unaffected.

Here, gentlemen, (exhibiting a preparation to the class) is a specimen of dropsy of one of the fallopian tubes, both extremities having been closed, water collected between them and thus the disease was produced.

Treatment of the Ovarian Dropsy.

I do not believe that medical treatment has any influence in this complaint; that is, I do not consider that medicines will produce any marked difference in the quantity of fluid contained in the cyst of the ovarian dropsy.

Different practitioners, however, entertain different opinions on this subject; but, gentlemen, I feel it my duty to state, candidly and openly to you, the result of my own experience. You may, if you think proper, give digitalis and mercury, they are so strongly recommended.—I will mention to you a case which will illustrate the influence, or rather the want of influence of mercury, in ovarian dropsy:—Dr. Baillie and myself once met in consultation on the case of a lady who had for some time been afflicted by ovarian dropsy, and who had taken such quantities of mercury as to occasion a sloughing of the gums, the insides of the cheeks—and to excite so great a degree of adhesive inflammation, as led her lower jaw to become fixed, and she was under the necessity of sucking her nutriment between the teeth; this showed what power mercury had over the disease. At this consultation I mentioned to Dr. Baillie my astonishment, that after so many cases of a similar description as the one we were then seeing, that practitioners should persist in asserting that mercury would produce an absorption of the water of ovarian dropsy. I asked Dr. Baillie if he had ever seen any benefit result from the employment of medicine in this complaint, and with that candour which is the strongest proof of an honourable mind, he answered, "not in my lifetime."

I do not wish, gentlemen, to deter you from the trial of medicine; but I am fully satisfied after you have done so, you will agree with me that it does not possess the least power of occasioning a diminution of the water of encysted dropsy, and the reason of its being thus powerless, is the deficiency of absorbents, attached to the cyst; and if you were to see a cyst injected for the purpose of exhibiting the absorbents, you would at once see the insuperable difficulty which is opposed to the successful medical treatment of this complaint. Now if the cyst should burst and the water escape into the cavity of the abdomen, you know in some instances that in three days it became absorbed, and passed away by urine and by the intestines. Again, in ascites we know that elaterium has, in a very short time, produced a complete absorption of the water, but in ovarian dropsy no such effect has ever been known. Who would have supposed upon looking at the peritoneum that it was a better absorbent surface than the ovarian cyst; and who would have imagined that squills, digitalis, or elaterium, would have had a greater effect upon one than upon the other; yet the fact is well known, and the cause of it clearly ascertained by anatomical inquiry; on one are found absorbents thickly distributed, while on the other they are scarcely perceptible.

When a person consults you having ovarian dropsy, you should direct a belt to be applied tightly round the abdomen, for the purpose of producing such a degree of pressure as will diminish the tendency to enlargement; for if a person

leads a sedentary life, and does not employ pressure, you will soon find that the dropsy will so increase, as to require operation, whereas, if the belt be worn, tapping may almost be put off to an indefinite period.

Whether medicines are taken or not with a view of promoting the absorption of the water, I would advise you at least to attend to the fecal discharges.

The operation of tapping has occasionally been performed with a view of merely relieving the load under which the patient has suffered, when to the surprize of the practitioner, it has ended in perfect cure; but generally speaking, the vessels more commonly have a disposition to renew the secretion of fluid, and the disease again forms.

When about to perform the operation for ovarian dropsy, take care that you may not be misled, and perform your operation on a person in a state of pregnancy. I have known several instances of this kind occur; it is a very awkward accident, would injure your reputation, and you should always therefore previously make yourself acquainted with the state of the parts, by an examination *per vaginum*. By neglecting this precaution, difficulties and accidents connected with the operation often arise. A gentleman from my native county was dining with me one day, and in the course of conversation, asked me if I had ever performed the operation of *dry tapping*? "Good God! no, (I replied,) and hope I never shall." "Well (said he) it is an operation that I have seen, at all events; and I'll relate to you the particulars. A practitioner in the town where I resided, called upon the surgeon with whom I was a pupil, and told me and a fellow student, that he was going to perform the operation of tapping for ovarian dropsy, and if we chose we might go and see it; we thanked him, and attended.

"The woman was seated on a stool, with her abdomen exposed, and the surgeon plunged in the trocar and canula, when, upon holding up a basin, and withdrawing the former, the doctor looked somewhat amazed at finding that no water escaped, and after crying "hum," and deliberating for a second or two, he withdrew the canula, refixed the trocar in it, stept back a pace or two, pointed it towards the abdomen, and again charged it as with a bayonet. (Much laughter.) The trocar was then withdrawn from the canula as before, but still no water! At this he uttered "oh!" instead of "hum," — paused, withdrew the canula, turned to the persons present, and said, "gentlemen this is an operation which you have probably never seen before, it is that of *dry tapping*," and then to the attendant —"Nurse, you may do her up." (Excessive laughter.) "Faith," said the gentleman who told me the story, "we thought he had done her up." (Continued laughter.)

A question has often been started by medical men, whether the operation should be performed early or late; and in reply I say, never early; at this time the cyst does not adhere to the peritoneum, consequently, instead of

your drawing the water off, it will escape into the cavity of the abdomen. I knew an instance where a young woman was operated upon, in whom the cyst was very small; while the water was passing off, it suddenly stopped; upon which the surgeon introduced a probe, and upon withdrawing the probe, something came away with it; which, upon examination, was found to be omentum. After the operation, peritoneal inflamation came on, and the young woman died; never operate then until the tumour has become fixed, and which fact you can ascertain by carefully watching it in different positions of the body; but there is another reason why the operation should not be performed in the commencement of the disease, which is, the cyst at that period consists of different compartments, divided by septa; as the disease advances, and as the cyst becomes larger, these septa are broken, and the whole of the interior forms one cavity. Now, if you were to operate before this had been effected, the end of the canula communicating only with one part of the cyst, would merely draw the water from thence, without abstracting it from other parts, and consequently the relief to the patient would be exceedingly partial.

It has been proposed, after evacuating the water from ovarian cysts, to inject them in the same manner as we do the tunica vaginalis for the radical cure of hydrocele; the experiment was tried more than a hundred years since by a practitioner of Cornwall; in the first place it completely succeeded, but, with the candour which did him infinite credit, he acknowledged that in two subsequent instances it proved unsuccessful. Probably it has not been sufficiently tried, and for my own part I think the subject is really deserving consideration. The stimulant employed should be mild, and must not approach the strength of the injections used for hydrocele, composed as they are of a 3 of sulphate of zinc to a pint of water, and equal parts of wine and water. It is an operation which should rather be performed at the solicitation of the patient, than at your own recommendation. It has been proposed to take away the cyst, and this I really think may be accomplished—at least small cysts; but large cysts, I feel confident, cannot be thus removed. A gentleman that you all respect very much, tried the experiment. After having made the opening through the muscles of the abdomen, upon introducing his finger, it was found that the sac so firmly adhered to the abdominal parietes, that it was impossible to carry the operation into effect.

LECTURE 47.

Monday Evening, March 29.

In the last lecture, gentlemen, I spoke of the operation for the relief of dropsy of the abdomen, whether ascites or encysted dropsy, and in doing so I recommended you not to attempt to perform the operation without distinctly ascertaining a fluc-

tuation, as you might otherwise endanger the abdominal viscera. The operation itself is very simple; the instruments which you use for this purpose are either the trocar and canula, or the lancet and canula. If it be ascites the lancet and canula will answer equally well with the trocar and canula, as the fluctuation is very distinct, and there is but little to penetrate; the lancet is indeed preferable in this case, as its use is attended with less risk to the abdominal viscera. The canula which you employ for this purpose, should be about three inches long, and made at the extremity like a common catheter, rounded at the end, and having holes at its sides, but it is quite straight. You make an incision of about half an inch, and then thrusting the canula into the abdomen, the water is removed without danger. On removing the water in ascites, the patient is sometimes seized with spasms in the diaphragm, towards the close of its evacuation, as the diaphragm loses the support of the water. A man who underwent the operation in this hospital had violent spasms towards the close of the evacuation of the water, and in three days after died. On examination of the body after death, it was found that the sharp edge of the canula had lacerated the interior portion of the mesentery. On this account I now use a canula rounded at the edge instead of the sharp-edged canula. The operation is extremely easy of performance; I have not the instruments with me at present, but I will shew you the mode of performing it in the next lecture. The thickness of the cyst in encysted dropsy is sometimes so great as to render it necessary to use a longer trocar than usual. A case of this kind occurred to me, in which, after having penetrated the abdomen, as I thought, on withdrawing the trocar no water followed. I thought at first that I had myself met with a case of dry tapping, but on employing a trocar considerably longer than the former, about three inches and a half in length, the water followed immediately. The operation of paracentesis used to be performed midway between the umbilicus and the spinous process of the ilium, but this practice has been abandoned for a number of years; the surgeon who first made the operation was Mr. CLINE, senior. He was performing the alteration for paracentesis in this hospital during the time I was an apprentice; when he had introduced the trocar and canula at this part, he found that a quantity of blood, which appeared to be arterial, issued with the first water. The water became more and more discoloured, and towards the conclusion of the operation, little else but arterial blood flowed. Mr. CLINE shut up the wound without concluding the operation, in hope that pressure on the abdomen would put a stop to the bleeding, but the man became extremely faint, and died in a few hours after the operation. On examination of the body after death, it was found that the trocar had passed through the epigastric artery, that artery being exposed, in consequence of the rectus being

thrown very much on one side in dropsy by the pressure of the abdominal muscles. It occurred to Mr. CLINE that many persons had died of hemorrhage after the operation for paracentesis, and Dr. CARMICHAEL SMITH made at that time a calculation of the number of cases of this kind which had proved fatal. Mr. CLINE consequently ever after in his lectures advised the opening to be made an inch below the umbilicus, where there is no vessel of any size, and no danger in performing the operation. It is right that the bladder should be emptied before the operation; you should direct the patient to make water, or if there should be any difficulty, draw it off by a catheter. Mr. CLINE was called to a lady for a complaint which was thought to be dropsy of the abdomen, and which he at first conceived to be so himself. On examination, however, he observed that the upper part of the abdomen was more free from fluctuation than the lower, and it occurred to him that there might be some deception in the appearances, on account of the distended state of the bladder. He asked the lady whether she made water freely; she replied in the affirmative. He was not satisfied however, and upon introducing a catheter he drew off an enormous quantity of water, which had occasioned the appearance of a dropsy of the abdomen. A surgeon less cautious and intelligent than Mr. CLINE might, under such circumstances, have tapped the bladder at a part where there might have been considerable danger of wounding some of the abdominal viscera. The patient may either be placed in a chair during the operation, or may remain in the recumbent posture in bed, while the water is drawn off. The latter position is preferable, because it prevents the fainting and spasms which often arise, when the stomach and diaphragm suddenly lose the support of the water. You should direct the patient to turn his body over in the bed, and you may then perform the operation with the greatest possible ease. There is no necessity for a bandage on the upper part of the abdomen; pressure on the sides will be sufficient for the purpose of evacuating the water. If you open the skin a little with a lancet, the trocar will enter with more ease; you might, indeed, divide the linea alba with the lancet, but this is not necessary. The usual mode of performing the operation, is to place the patient in a high chair, with a pail or tub between his knees, the surgeon sitting in a higher chair. A sheet is crossed round the abdomen, the ends of which are held by an assistant, who presses the sheet tightly on the abdomen. The surgeon makes a small incision with the lancet, and introduces the trocar through the linea alba, into the part of the cyst or peritoneum only, according as it is ascites or dropsy. The water should be completely evacuated; if any portion is suffered to remain, it will form the nidus, if I may be allowed the expression, for a future accumulation of water. It has been recommended by a

respectable surgeon of Chichester, to leave the canula in the wound, for the purpose of exciting such a degree of irritation in the peritoneum as may prevent the future accumulation of water. Experience will not at present justify me in advising you to adopt this practice; it has been tried by a person in this town, and such irritation produced by it as led to severe inflammation of the peritoneum; and, subsequently, destruction of life. I should observe, however, that in cases where this disease has not been re-produced, marks of inflammation in the abdomen have been felt by the patient, for two or three days after the operation. In general the water re-accumulates very shortly after the operation. Persons are said to have undergone the operation for encysted dropsy of the abdomen more than one hundred times: I have never met with such a case in my own practice, but there is a tombstone in a church-yard at Dartford, in Kent, on which it is stated that the lady buried under it underwent the operation more than one hundred times. It sometimes happens that ovarian dropsy ceases to be re-produced, after the operation has been repeatedly performed. This happened in a lady who had undergone the operation two or three times in the year, for upwards of twenty years. In general the disease returns after the operation; there are very few examples to the contrary. I have known but three cases of encysted dropsy of the abdomen, where the disease has not returned; one in a young lady of seventeen, another, in a medical man, under twenty, and another in a boy, who had an enlargement of the mesenteric gland, followed by ascites. The ovarium sometimes suppurates after the operation, and this suppuration proves destructive to life; the quantity of matter secreted in these cases is enormous. On the other hand, I have known ovarian dropsy spontaneously cured. The wife of a veterinary surgeon had a dropsy of the ovaries spontaneously cured by the adhesion of the ovaries to the umbilicus. Ulceration was produced, and the fluid contained in the cyst gradually discharged. I have known the ovarium glued to one of the intestines, and fluid discharged in a similar manner. In one of the cases to which I allude, there is still some discharge of fluid; though for a length of time the symptoms of dropsy entirely ceased. A patient after undergoing the operation for this disease will ask you whether she should drink very little. In general we answer, that the patient should drink as little as possible; but it is doubtful whether the disposition to a return of the disease is much altered by abstinence from drink. I once recommended the wife of a coachman, after the operation for encysted dropsy, to drink as little as possible, and to allay her thirst by sucking the juice of oranges. She followed this plan, but was, very soon after, again the subject of the operation for ovarian dropsy. I then recommended her to drink as she pleased: she returned to her favourite beverage, porter, and

the ovarium did not fill nearly so fast as before. This may be in some degree accounted for, as she made very little urine while she sucked oranges, but passed a great deal when she returned to her ordinary beverage. It would appear that the quantity of fluid taken makes no difference as to the return of the disease, as it passes off by the kidnies: I do not mean, however, to build any theory upon a single case.

Accumulation of Fluid in the Chest.

An operation is occasionally but very rarely performed for this disease.

I will state to you all I have been able to learn on this subject. In the first place I have never known a case in which water had collected in the cavity of the chest, in which the operation of paracentesis of the thorax has been performed, where the patients have not died. This is not surprising, because hydrothorax is the result of the disease of the thoracic viscera, disease of the lungs or heart, and the cause remains though the effect is removed. Paracentesis of the thorax, however, is not unsuccessful, when matter has accumulated in the chest. Matter is sometimes formed in the chest by adhesion, producing spurious empyema, and sometimes it is diffused through the whole cavity of the pleura on one side. The marks of accumulation of matter in the chest are, considerable pain in the side, severe fever, and constitutional irritation, cough, with difficulty of breathing, inability to lie, except on the side on which the matter is accumulating, and lastly, which you would not expect, considerable enlargement of the chest on that side. The reason of this difference in the size of the chest on the side affected is, that the accumulation of fluid prevents expiration on that side, and the ribs are unable to descend. There are other means of ascertaining the presence of fluid in the chest, to which I need hardly allude, as you have, no doubt, seen the instrument, (the stethoscope) used by a physician in this hospital. I have not had sufficient experience of this instrument to say decidedly how far it is available for this purpose. When matter has accumulated in the chest, the patient may be relieved by the following operation. You draw the skin as much as possible upwards, and cut down with your scalpel on the upper edge of the 8th or 9th rib. Having cut through the intercostal muscles by this incision, without introducing the knife through the pleura, you pass the canula through the pleura, and it enters the chest. The matter escapes as soon as you withdraw the trocar, and after which draw the skin down: the wound closes without danger of any further inflammation beyond the adhesive. (The learned Professor proceeded to show the mode of performing this operation on the dead subject.) By this operation I have known several lives preserved. Mr. BRYANT, a brother of the surgeon of that name, recovered after the operation, which was performed by Sir B. HARWOOD,

the late professor of anatomy at Cambridge. The two following cases of empyema, have occured in my practice.—I was called by Mr. M. a surgeon at Cheltenham, to see a young lady who had a considerable swelling of the abdomen in the region of the spleen. There was an enlargement of the left side, accompanied with difficulty of breathing, cough, and that constitutional irritation which is commonly called hectic fever. On examining this case I said that I thought there was a fluid, and on laying the chest bare, there seemed to be a fulness between the third and fourth rib, a little above the nipple. Upon pressing the swelling in the abdomen and putting my finger on the intercostal muscles, the fluid undulated between one point and the other. I said there was a collection of matter in the left pleura, and on making a small incision with the point of the lancet a gush of matter came from the chest. On putting my hand on the abdomen, I increased the flow most abundantly, and I then understood, what I did not before perfectly understand, that the diaphragm was pushed down by the pressure of matter from above, and that pressure upwards upon the diaphragm assisted in emptying the chest. I did not empty the chest entirely on that day, but putting a bit of adhesive plaster on it, I said I would empty it a little more the next, and I proceeded in this way to discharge the matter gradually from day to day. This young lady is now in very perfect health. In the last year, I saw a young lady who had a similar enlargement of the side, attended with similar symptoms. I treated this case nearly the same, but I found a great advantage in fixing a girdle round the abdomen, which prevented the diaphragm from again descending by any accumulation of matter. With respect to spurious empyema, it is merely a common abscess, which must be opened, and treated in the ordinary way. I have only one observation to make, with respect to spurious empyema. A boy, who had been a long time at sea, and who was the subject of sea-scurvy, came to England with a swelling in his left side. I had no doubt, from its undulation during coughing, that there was matter contained in the cavity of the chest, and I was going to insert my lancet, when I observed that the boy appeared to be in very bad health. I inquired more particularly as to his symptoms, and it appeared that he had petechiæ, and that his gums occasionally bled. I gave him bark with citric acid, and as his health improved under this treatment, the matter was absorbed, and the swelling entirely disappeared.

The next subject of this evening's lecture is one which some of you may think scarcely worth your attention, and with the treatment of which you may imagine that you are fully acquainted; the complaint to which I allude is

Fistula in ano.

This is a disease in which you will be called upon to operate more frequently, perhaps, than in any other. I do not think

it a disease which is very easy to treat; it very often baffles the skill of the best surgeons. A fistula in ano will hardly ever heal of itself, after the operation is performed, without the utmost attention on the part of the surgeon. The sphincter ani is the source of the difficulty in this complaint; every time the patient has an evacuation, the contraction of the sphincter ani separates one side of the abscess from the other, and thus the process of adhesion and inosculation of the granulations is continually interrupted. Understanding this, you will see that the principle of treatment consists in the division of the sphincter ani; if you do not divide the sphincter, you had better not attempt to treat the patient at all.

Fistula in ano is more painful than a common abscess; the patient has excruciating pain in the evacuation of his fæces, dreadful tenesmus, and very often retention of urine, the pressure of the matter preventing the passage of the urine through the urethra. The causes of this disease are various; it sometimes arises from a costive state of body; frequently from the pressure of hardened fæces passing through the intestines. It sometimes arises from absolutely opposite causes; thus fistula in ano is frequently the consequence of long-continued diarrhœa, producing irritation in the mucous membrane, which extends to the cellular tissue. It is often the result of some distant complaint; as disease of the liver, or derangement of the alimentary canal, producing an accumulation of blood in the mesenteric vessels, and a congestion which is determined to the anus. Persons who lead a sedentary life, take little exercise, and feed highly, are particularly subject to this disease. It is often the result of disease of the chest, and very commonly occurs at the close of pthisis pulmonalis. It is necessary, therefore, to inquire whether the patient labours under cough, dyspnœa, and whether his constitution is greatly impaired. No operation will avail without attention to the state of distant parts, and this is the reason why surgeons have so often lost their reputation by performing an operation for this complaint at an improper time. You may divide the sinus, but if the fistula depends on a disordered state of distant parts, the fistula will never heal without attention to the constitution of the patient. There is considerable variety in the size and complication of fistulæ; here is a preparation in which the sinus is confined to one side of the gut; there is another in which the gut is half surrounded, and another in which the disease completely encircles the intestine. When there is an opening on each side, it is best to perform the operation first on one side, and then on the other. Here is a preparation taken from a patient who died of this disease, which very rarely happens; the intestines and bladder are surrounded by the fistula; the rectum also is surrounded by sinusses very high up. The fistula passed to the groin, and there discharged itself; this is the most complicated case of fistula I have ever

seen. The fistula sometimes extends to the nates, and burrows to a great distance behind the glutei muscles. Fistulæ are called blind when the matter has made its way into the rectum, without making an opening externally; they are extremely difficult to treat. The medical treatment of fistulæ in ano, will depend on their cause; if they arise from costiveness, I need not point out to you the remedies to which you should have recourse; if from disease of the liver, give calomel and saline purges; if they arise from disease of the chest, as hydrothorax, I scarcely know what medicine to recommend; these diseases almost always prove destructive to life. It is of great importance to give such medicines as will bring the fistula into a healthy state. With this view the balsam of copaiba may be given with advantage; if there is much irritation, give soda, which has great efficacy in diminishing the irritability of the rectum. Aromatic medicines should be given; especially the medicine which used to be called Ward's paste, which has been very properly introduced in the last edition of the London Pharmacopœia, having been found by experience to produce excellent effects in this disease. The composition of this paste is as follows:

Of Pepper, two drachms,
Of elicampane, and fennel seeds, each half an ounce.

This is to be mixed up with honey, so as to form an electuary; and a tea-spoonful of it to be taken two or three times a day. This medicine, in a very short time, brings the fistula into a healing state; healthy granulations arise from the surface, and the discharge instead of being serous or bloody, consists of good pus. Submuriate of mercury, with saline purges, should be occasionally given during the use of these aromatic confections, with a view of promoting the secretion of the liver and intestines. The operation of dividing the sphincter ani, is simple in proportion as you find a ready opening into the rectum. You introduce a small probe pointed bistouryinto the fistula, pass your finger up the rectum to meet the instrument, and, carrying the point downwards, divide the intervening parts.—If the fistula is very extensive, you will be under the necessity of putting your finger on the extremity of the instrument, drawing the knife downwards. If the fistula does not open into the rectum, you must pass the instrument up the sinus till it reaches the extremity; put your finger into the rectum to meet the knife, place it along the end of the knife, and move the rectum for some little time with your finger nail, and then cutting through the cellular tissue, bring the point of the instrument into the rectum. Mr. SAVIGNY invented for this purpose a knife with two blades, one pointed, the other round; the pointed knife sliding on the side of a probe-bistoury. The objection to this instrument, however, is, that it occupies too much space; so that a small sinus will not receive it. A very copious hemorrhage generally

follows the division of the intestine; you must not, therefore, leave your patient, but endeavour to stop the hemorrhage by introducing a portion of lint into the wound. No union of the sphincter ani will take place, until granulations have arisen at the parts of the wound most distant from the rectum. You should not change the lint for several days, but apply poultices, and merely introduce a probe from day to day, to see that there is no improper adhesion. If you were to put fresh lint immediately it would excite inflammation, and produce fresh abscesses in the surrounding cellular tissue. On the fourth or fifth, you may insert a small quantity of fresh lint; healthy granulations will arise in about a fortnight, under the treatment I have already pointed out to you; you may then apply lint dipped in a solution of the sulphate of copper.

The sore will often assume an indolent state, when you think that it is upon the point of healing. Injections are sometimes successfully employed for the purpose of healing fistulæ in ano. A gentleman came to me with a very deep fistula in ano; he had been operated upon before, when a very alarming hemorrhage followed the division of the sphincter. The sinus was so deep that it completely absorbed the probe; under these circumstances, I was unwilling to perform the operation, except by gradually dividing the fistula an inch or two at a time. However, I told him that injections now and then succeeded, and I recommended him therefore to try the effect of an injection of port wine and water. A few days after, he injected port wine alone into the sinus, and the result was that there was no further suppuration, but adhesion took place as in the case of hydrocele. His cure was thus completed without the necessity for any operation. Fistula are sometimes cured by the introduction of a ligature, which gradually cuts through the part. A thread is passed through the sinus, brought out by the rectum and tied very tightly.—Many persons will not submit to the operation of being cut for fistula, but prefer enduring pain, much greater than any occasioned by the operation. In such cases the introduction of a ligature, will sometimes prove successful.

THE FOREIGN JOURNALS, AND SIR W. BLIZARD'S HORROR OF HATS.

The *Journal Universel des Sciences Medicales*, translates from THE LANCET vol. I. p. 370 Sir A. COOPER'S account of the case in which a man was successfully trephined by Mr. CLINE for compression, after having remained for upwards of 13 months in a state of insensibility. The conductors of the above Journal, express a wish that the precise part of the cranium, in which the depression was observed, should be stated, and also that the de-

tails of the case should be given, with a view to the illustration of the points connected with pathology, and the physiology of the brain. We feel confident that either Mr. CLINE, or Sir ASTLEY COOPER, both of whom have ever shewn the greatest anxiety to contribute to the advancement of surgical and physiological science, will accede to the suggestion of our foreign contemporary, and enable us to satisfy his scientific queries. We cannot help feeling some degree of satisfaction, at the reflection, that THE LANCET, which, by superior activity, and extensive continental arrangements, has become an important medium of professional information, may be the instrument of essentially promoting the interests of medical science. In a few days from the date of our publication, our continental neighbours are made acquainted with all that interests or amuses the medical world in this country. They are enabled to appreciate the various talents, and accomplishments of the members of our profession, from Sir A. COOPER, whose unrivalled talents are only equalled by the urbanity of his manners;—Mr. ABERNETHY, who extorts our admiration, though he is a little too objurgatory, when he consigns an examinant's eyes to perdition, down to Mr. CHEVALIER, who preaches at the college, or Sir W. BLIZARD, who desires the members to *take off their hats*. It is as well known at the *Hotel Dieu*, as at St. Thomas's or Bartholomew's, that we have some surgeons who shed a lustre on their profession—some who *cant*, others who *re-cant*, and one who desires the members of the college to *take off their hats*. By the bye, we wish Sir WILLIAM would get a new observation; no man can say that he does not desire the members of the college to take off their hats in a manner which excites the envy and jealousy of the door-keepers; but then he repeats the thing *usque ad nauseam*. Though excellent in its way, it is not one of those brilliant efforts of which it may be said, *decies repetita placebunt*; —*toujours perdrix* (say our neighbours) is not to be endured, and we propose it for a problem to be solved on Tuesday next, whether the proceedings at the Royal College of Surgeons can be opened in any other manner than by Sir W. BLIZARD desiring the mem-

bers to *take off their hats*. We remember an observation of another ornament of the profession, Sir LUCAS PEPYS, that if he had a failing in life, it was an overweening passion for chicken broth. Sir WILLIAM's besetting propensity seems to be a passion for desiring the members of the college of surgeons *to take off their hats!!* Let him take a lesson from an anecdote of the ancestor of the *Prince de Levi*, which shews that there is no rational, or religious foundation for such a horror of hats. The PRINCE DE LEVI, who piques himself on the antiquity of his family, shewed to a lady who visited him at Paris, his pedigree from the flood, and when it came to the birth of Christ, DE LEVI's ancestor was represented as standing by the virgin and child, with his hat off, and there was a scroll from the virgin's mouth, saying,—"*Mon cousin, mettez le chapeau.*" "Pray, cousin be covered."

DR. COPELAND, *THE MEDICO-CHIRURGICAL SOCIETY*, AND "THE LANCET."

Dr. COPELAND has been taking a great deal of unnecessary pains during the last fortnight to convince his friends and the public that he is not a writer in *The Lancet*. He made a speech on this subject at the Medico Chirurgical Society, last week, which might have convinced the most suspicious of his hearers, that he was entirely innocent of ever having contributed to this publication. The speech was a most unanswerable defence against the charge of co-operation in the literary labours of *The Lancet*; and if all our readers had heard it, as we did a fortnight ago, we should deem it unnecessary to add a single word in confirmation of Dr. COPELAND's disclaimer. Whether Dr. COPELAND is really apprehensive of the resentment of that enlightened body, the Medico-Chirurgical Society, if he should be supposed to contribute to a medical work, conducted on liberal and independent principles, or whether he is secretly desirous of being considered a contributor to *The Lancet*, and has therefore gratuitously disclaimed a participation which nobody ever imputed to him, we neither know nor care.—All we think it necessary to do is, to quiet Dr. COPELAND's

apprehensions in the one case, or to disappoint his views in the other, by wholly disclaiming him for a co-adjutor. If there should still be any friends of Dr. COPELAND, or enemies of *The Lancet*, who persist in pointing him out as a writer in this publication, Dr. C. must ascribe it to the persevering credulity of human nature. DE LOLME, an unfortunate Frenchman, who knew so little of the English language, that he was obliged to procure some person to translate his book on the English constitution, was, and is suspected by many persons, of having written the LETTERS of JUNIUS. While we are on this subject we will mention a circumstance, which occurred at the Medico-Chirurgical Society at the last Meeting but one; Dr. JAMES JOHNSON, in a pathetic speech, called the attention of the Society to the dissection of his Review in the last number of THE LANCET, and complained particularly of the attack on his *character*, in that part of our article in which we stated that he had himself made an attempt to give reports of the proceedings of the Society. Now we were so far from meaning to reproach Dr. JAMES JOHNSON for this laudable attempt, that we expressly adverted to the fact, as affording a favourable contrast between his character and that of his Reviewer. Dr. JAMES JOHNSON, in order to shew the improbability of this statement, read a letter from the Secretary of the Society, declaring, that to his (the Secretary's knowledge) Dr. JOHNSON had never made any such attempt. On this evidence we have only to observe, that after the repeated proofs we have given of the mendacity of Dr. JAMES JOHNSON'S Reviewer, we feel satisfied as to the course which *he* would have taken, had he been placed in similar circumstances; he would have boldly denied that he had ever wished, or attempted in any manner whatever, to give an account of the Society's proceedings. Dr. JAMES JOHNSON'S conduct on this occasion may again be honourably contrasted with that which, we doubt not, his Reviewer would have pursued. It was evident, from the pathos and solemnity with which Dr. JAMES JOHNSON called the attention of the Society to this subject, that he expected it would produce a great sensa-

tion; the Society, however, heard the call with barbarous indifference; not one of the members present uttered a single observation in support of it!

CHEMISTRY.

We are reluctantly compelled to break the chain of our chemical papers for this week, in consequence of a disappointment we have experienced respecting an engraving of a new Thermometer, which has been constructed, and lately exhibited to us by Mr. GURNEY, in his Chemical Lectures; and which we wish to introduce to our readers in its proper place, while on the subject of the expansion by heat of aëriform bodies, with which the instrument is immediately connected.

As a detached subject on chemistry, we conceive there is not a more important or interesting one than the analysis of arsenic; we shall, therefore make a few observations on this subject, and detail the best methods of detecting its presence, more particularly after being taken into the stomach, because in this case the analysis falls immediately as a duty on the professional attendant, not only to direct his medical treatment, but in many cases to facilitate the course of justice.

The usual tests for arsenic are so equivocal, that a number of circumstances connected with its analysis, are necessary to be established before we can satisfy ourselves of its presence; more particularly when the analysis is conducted in the humid way, by tests and re-agents. These circumstances we shall detail hereafter. We shall confine our observations this week to the most desirable method of analysis, if the circumstances of the case will possibly admit of its being done, and which should always be attempted.

The white oxide of arsenic, or arsenious acid, as it is called by chemists, is sparingly soluble in the stomach, and as violent vomiting is always an attendant symptom, it is frequently discharged in the state of a powder mechanically divided, and sticking to the more solid and glary parts of the rejected matter: it is advisable therefore, in the first instance, to attempt to wash off any arsenic from matter of this kind by distilled or clean rain water, which should be added in small quantities for the purpose, and the

whole stirred in such a manner that it may be effectually done, and be enabled to deposit itself at the bottom of the vessel. If the patient has rejected nothing but liquid matter, it will not be necessary to add water, but in either case the contents of the stomach should be stirred, and allowed to stand for a short time, in order that every particle of arsenic floating in the vessel may fall to the bottom. The super-natant fluid should now be carefully poured off into another vessel and preserved for further examination, if necessary. Any powder or sediment found in the bottom of the vessel should be carefully collected and examined in the following manner:—

Put the sediment on a clean piece of writing, or blotting paper, if at hand, that the superabundant moisture may drain off; this done, dry it in a gentle heat. The best method of doing this is to put the paper with the suspected substance into a tea-saucer, and float the tea saucer in a basin of boiling water: by this means sufficient heat will be obtained for drying the substance without danger of a sublimation of the arsenic, because the heat applied will not be sufficient for the latter purpose; when it is dry, mix it intimately with about three times its own weight of Sub: Carb: of Potass, which is generally in the possession of the medical practitioner. When the suspected powder and alkali are mixed together, introduce the mixture into a clean tube of glass, about three or four inches long, which has been previously closed or sealed at one end. Take care that every part of the tube is perfectly clean and transparent, particularly just above the mixture; closely stop the open end of the tube with blotting paper, twist a few threads of worsted or cotton around the tube, about an inch above the situation of the mixture, and moisten it with a drop or two of water; wipe off any water that may adhere to the glass below the cotton, as it will perhaps occasion a fracture of the tube when the heat is applied, which should now be done by holding the end of the tube containing the suspected mixture, first at a little distance above the flame of a spirit lamp, or that of brandy or rum burning in a tea-cup, and as soon as the tube has been somewhat heated, bring it immediately in contact with the flame itself, which

should give it the greatest heat that it is capable of producing. It must be kept in the flame for five or six minutes. The cotton is now to be untwisted, and if arsenic has been present in the mixture, it will be seen lining the inside of the tube with a metallic coat, somewhere about the situation from whence the moistened cotton has been removed. The use of the cotton is to keep this part of the tube cool, that the arsenic may condense on the glass as it sublimes.

This is the only unequivocal evidence of arsenic, and as the process is simple, it should, in every case, where a sediment can be obtained from the ejected contents of the stomach, or from the stomach after death, be performed by the medical attendant; it will detect the smallest quantity of arsenic, if carefully conducted; and we strongly recommend this experiment for its detection to be made on small quantities of arsenic by every medical man, so that he may acquire not only skill and dexterity of management in operating, but become acquainted with those *peculiar appearances*, which can only be learnt by actual inspection and close observation. We will add, that if he does this, he will be enabled to detect the smallest particle with certainty, whenever he has occasion to examine any substance containing it.

An appearance which will sometimes deceive persons not acquainted with the fact, and shews the necessity of practical experiment, is one which the glass blowers call "sulphuring," and which is produced in the glass by a peculiar application of the flame, and may be confounded with that appearance assumed by the sublimation of arsenic. This becomes easily known by practice.

Should there be any doubt, however, of the presence of arsenic in the mind of the operator, arising from inexperience, or of peculiar circumstances of combination, with foreign matter, the tube, with its contents, must be broken in a clean mortar, and the whole boiled in a small quantity of distilled or rain water, in a florence flask, the solution filtered through paper, and examined by other processes which we shall detail in our next, and which methods must also be employed to analyse the fluid contents of the stomach, in case no sediment can be obtained by the means above directed.

Foreign Department.

History of an Encysted Tumour of extraordinary size, which was successfully extirpated by L. PORTALUPI, *hospital surgeon at Venice.*

[From the *Annali Universali of Omodei.* December.]

The following case presents a striking example of what surgery is capable of effecting in apparently desperate diseases; and it affords, at the same time, a brilliant instance of that intellectual discernment, on which the successful prosecution of chirurgical science essentially depends.

Towards the end of the year 1796, Signor LUIGI TEDESCHI, a nobleman of Verona, perceived a small moveable tumour below the clavicle on the left side, precisely in the spot where he had a short time before received a wound from a French officer. This was at first considered to be a tumour of an adipose kind; some topical applications, and the use of mineral baths were recommended, but it continued to increase in size, until it was pronounced by Professor A. MANZONI, to be incapable of extirpation, without danger to the patient. Many other eminent professors were consulted, and all concurred in opinion, that if any surgeon were hardy enough to remove it, the moment of the operation would probably be the last of the patients existence. Alarmed at these opinions, the nobleman thought only of the means of mitigating the inconveniences of his burthen, which continued to increase, though slowly, to an enormous bulk.

In the month of July, 1816, the Nobleman consulted a very eminent professor, who gave an opinion in writing, that any attempt to extirpate the tumour, would be attended with the utmost danger, and advised the patient to abandon all idea of a radical cure. The patient, however, happening to be in Venice in May, 1820, was informed of a case of encysted steatomatous tumour, weighing 13 medical pounds, which had been successfully removed by Signor PORTALUPI, at the hospital di S. Giovanni, in November, 1814. In consequence of this information, he consulted Signor PORTALUPI, who differed in opinion from all the professors who had been previously consulted, and assured the patient that the tumour might be successfully extirpated. The principal reasons on which he founded his opinion were, first, the cause of the tumour, which had arisen from a wound, and not from any constitutional disturbance; and, secondly, that the tumour, though enormous, consisted of a mass of animal oil, formed merely by the disproportion between absorption and secretion, adherent to a limited portion of adipose tissue, and not destined to any other essential function than the union of integument with the aponeurotic substratum. The patient, though not indisposed to acquiesce in this advice, did not submit himself to the operation at that time; but, relying on other advice, he had an opening made in the tumour, and a seton inserted, which was soon after removed, in consequence of the irritation it produced. The tumour continued to increase in size, and at length became insupportable to the patient; he was unable to walk more than a few steps, and his strength was greatly reduced. In June, 1823,

three years after his first visit, Signor PORTALUPI was again sent for; he found the tumour presenting an enormous pyriform mass, hanging down from the left side by the clavicle, and contained in a bag formed of elongated integument. Its length from the root, taken under the clavicle, measured 20½ inches; the circumference in the commencement of the pendulous portion 27 inches, and the greatest inferior circumference measured 35 inches.

(This is a correct copy of the engraving given in Omodei's Journal.)

Signor PORTALUPI still maintained his original opinion that the tumour might be safely extirpated; but wished that a consultation of surgeons and physicians should be first held on the patient's case. At this consultation, he stated the grounds on which he held this opinion with great ability. —The following were the objections urged against the operation:—

1. Excessive hemorrhage.
2. The malignant nature of the tumour.
3. The possibility of the wound passing to a cancerous condition.
4. Immoderate suppuration.

All these objections were discussed and answered with great skill and acuteness by Signor PORTALUPI; his argument affords an admirable specimen of the application of sound medical logic to a case in which the propriety of surgical operation was doubtful. We regret that our limits do not permit us at present to give the whole argument, but we will endeavour to find space for it in a future number. The opinion of Signor PORTALUPI ultimately prevailed; and that surgeon performed the operation for the radical extirpation of the tumour, on the 26th of June, in the short space of 8 minutes. The operation presented no difficulty; no blood vessel of any size was met with, nor was any artery divided which required a ligature. The tumour weighed 32 medical pounds; there was no appearance of vascular tissue, nor any collection of fluid in the interior; the whole mass consisted of a quantity of soft fat towards the root, becoming gradually harder as it descended, and of a stony substance at the extremity. The cure of the patient went on in the most favourable manner; the wound healed rapidly by the adhesive process, so that in 10 days after the operation, notwithstanding the large surface exposed by the operation, only a limited portion of the wound remained unhealed, which was brought to a cicatrix in the course of 7 weeks, the patient having, in the mean time, recovered in a great degree his former strength, and being enabled to enjoy existence, after so many years of suffering from a disease which was supposed to be incurable.

ROYAL ACADEMY OF MEDICINE AT PARIS.

Sitting of Jan. 15.—M. DUBOIS said he should present to the Academy at the next sitting, a young girl, the subject of rachitis, who was only 37 inches high, and seven months advanced in pregnancy. M. DUBOIS, in remarking that Professor BUDDELOCQUE had never found the Cæsarean operation succeed, added that on opening the body of a woman, on whom this operation was supposed to have been performed, he found no cicatrix in the uterus, from which he concluded that only simple gastrotomy had been performed, the rupture having probably taken place at the union of the vagina with the uterus.

Sitting of Jan. 29.—On this day the young woman above alluded to, was produced, and examined by the members of the Academy. The vertebral column exhibits a marked deviation—convex towards the left side; the pelvis approaches near the shoulders; and her legs are so short, that when she stands up, she rests nearly on the feet and nates at the same time; the exterior organs of generation are in a perfect state of developement, such as is commonly observed in young women of the same age. A discussion took place on the operation which would become necessary in the delivery of this woman; the majority were of opinion that the cæsarean operation would be indispensably necessary, as the antero-posterior diameter of the pelvis did not exceed two inches and a half.—*Archives Generales de Medicine*, Feb.

MIDDLESEX HOSPITAL.

[Guy's, St. Thomas's & St. Bartholomew's Hospitals.—No operations have been performed at either of these Institutions during the present week.—The Cases mentioned in our last will be continued in our next.—*Lancet.*]

Continuation of the Case of W. CASSEMY, *Page* 396.

Operation

The assistant surgeon, pinching up the integuments over the neck of the sac, the surgeon divided that part with the scalpel, when it was found that an incision had been accomplished, which extended obliquely across the neck of the sac, and directly over the ring. The fascia superficialis was now raised by the forceps, and dissected back; other layers were lifted in suc-

* Continued Page 256

cession, by passing the directory under them. At length, the upper pillar of the ring was made distinct; under this, and of course between it and the proper neck of the sac, the directory was passed; the probe-pointed bistoury, was then passed along the groove of the directory, and the edge of the pillar cut across. The finger was then introduced, and the protruded portion of intestine returned to its proper cavity which was very easily effected, and afforded instant relief. As the hernial sac was not divided the state of the intestine could not, of course, be ascertained. The edges of the wound were then brought together and secured by a suture, with the usual dressings and bandages. On his removing from the table he had a shivering fit, which lasted about ten minutes.

A draught of the Mist: Camphoræ was given him, and an enema shortly afterwards.

℞: Extracti Colocynthidis Compositi gr. viij.

Hydrargyri Submuriatis gr. jj. fiant pilulæ duæ tertiis horis donec alvus responderet sumendæ.

16. Has had copious alvine evacuations during the night—Pulse 104, and weak—Pain and tension of the abdomen, with nausea and vomiting—Skin moist—Tongue a little furred—Thirsty and restless.

Hirudines xx. abdomini, postea fotus assidue applicandos.

A few of the pills were again given him.

17. Has had several mucous evacuations, mixed with blood, during the night, and fore part of the day—Pulse quicker than yesterday, and more feeble vomiting still continues, with great anxiety and dejection of mind. The wound, however, looks extremely well, and the tenderness of the abdomen is in some degree mitigated.

Imponatur emp: Cantharides abdomini.

℞ Carbonatis ammoniæ, gr. ii.
Spiriti ætheris sulphurici, ʒss.
Tincturæ opii. m. v.
Confectionis aromaticæ, gr. x.
Misturæ Camphoræ, ʒss. fiat haustus tertiis horis sumendus.

The stomach rejected the first draught; the second was, however, retained, and in the evening he was more composed and comfortable.

The operation was performed by Mr. CARTWRIGHT

March 18.—Has vomited a quantity of stercoraceous matter during the night. Pulse, 104, and rather weak. Skin moist; bowels rather relaxed; tongue tolerably clean. The state of the abdomen could not well be ascertained on account of the blister. The incision has nearly united by adhesion, and looks extremely well. The vomiting during the morning has been almost incessant, with great dejection of spirits, restlessness, and anxiety.

℞. Haustus Tartratis Sodæ, ʒ ii.*
Tincturæ Zingiberis, ʒss.

* This is a draught made with carbonate of soda and tartaric acid, and drank whilst in the effervescing state.

Tincturæ opii. m. v. 4 tis horis.

In the evening another blister was applied over the epigastric region and abdomen; the former not having risen sufficiently.—Pulse 116, and rather fuller; has not vomited the last medicine. A laxative powder of calomel and rhubarb was given him, which procured one stool during the night.

March 19.—Pulse 114, weak and inelastic; skin moist; tongue a little furred; a dose of castor oil was given him, and the draughts were continued. In the evening he was very restless and uneasy. Pulse 130, weak and wiry; there was a great tenderness over the lower part of the abdomen, to which a blister was applied. His alvine evacuations (of which there were several) were dark coloured, liquid, and offensive. Skin moist,* and tongue covered with a whitish fur; the patient at this period was excessively thirsty, and swallowed liquids with great avidity. Late in the evening the stomach rejected some weak broth which had been given him; stercoraceous vomiting soon followed, which during the night became almost incessant, and towards morning a soporose or comatose state succeeded. Died about 9 o'clock a. m., the 20th ult.

The body was examined about 28 hours after death in the presence of several pupils. On laying open the abdomen, no particular appearances were observed, but on following the course of the intestines, from the stomach downwards, several morbid changes presented themselves. The stomach itself appeared to be quite healthy; about the centre of the jejunum, there was a portion of the intestines of a dark livid hue, which however, was not lacerable, although its colour indicated the presence of gangrene. Continued from the jejunum, there was a small band of inflammation, extending to about the middle of the ilium where it was of a deeper colour than the former, and measured nine or ten inches. There was a slight blush on the peritoneum lining the lower part of the abdominal muscles. There were no appearances of inflammation in the sac, and although it was very much thickened by the constant wearing of a truss it did not exhibit any signs of recent inflammation, and from the large size of its cervix no stricture could have existed there. The glands of the mesentery were slightly enlarged; the large intestines were quite natural.

In addition to the above the following remarks may be made:—

1. That from the immense size of the hernial sac, the surgeon was justified in not dividing it, or a very troublesome portion of the contents of the abdomen might have protruded through the opening.

2. The stricture existed at the external abdominal ring, and no where else.

* This was the case throughout; but whether the skins of negroes are such nice indices, as those of Europeans, we do not know. The fact, however, in the present instance, was as above stated.

March 25.—An old woman was admitted a few days ago with femoral hernia, which had been strangulated several hours. It was reduced by the taxis with the assistance of the warm bath. She is doing well. W. Brummidge, whose case was described in a former number, was yesterday discharged, he does not appear to have any bad symptoms at present.—A few other accidents have been admitted, which however, do not require a more particular notice.

Continuation of the Case of WILLIAM ROBERTS, *Vol. 2, Page 332.*

March 9.—All the symptoms of this man's case which were for some days extremely favourable; have within the last 48 hours suffered a very considerable and sudden change. The abdomen which had previously been free from uneasiness, now became acutely painful and sore on pressure. The patient lay in a sluggish inactive state, with great dejection of spirits. Pulse quick and weak, about 130; tongue furred; respiration frequent and oppressed. The hiccough which was present from the commencement, still continued but with diminished frequency and energy, as the symptoms already described became more urgent. His skin was rather more than naturally moist, and a colliquative diarrhœa harassed and depressed him.—Blisters were applied to the abdomen but without any sensible relief, and the diarrhœa resisted the combined influence of the cretaceous absorbents, aromatics, catechu, and opium. These symptoms continued to increase, his head suffered at last, and the patient became listless, stupid, comatose, and died about 5 o' clock, p. m.

On examining the body, it was found, that suppuration had taken place in the abdominal muscles, which extended principally from the umbilicus towards the right groin. An ulcerated hole was observed in the linea semilunaris of the right side. The peritoneum was white and dense generally.—Near the hernial sac, under the collection of pus, in the muscles, the peritoneum adhered firmly by strong layers of coagulable lymph to the intestines.—These latter were for the most part pale and empty; at some places inflamed patches were visible, especially in that portion which adhered to the peritoneum. A mass of intestine was knotted together near the mouth of the sac. This mass was much larger than could correspond with the portion of intestine that protruded. Both on the surface of the proper peritoneum, and on the peritoneal coat of the intestines there were masses of coagulable lymph of considerable size and irregular form, adhering. In the sac itself there was nothing remarkable; it did not appear to have been the seat of inflammation. The omentum was but little altered excepting on its edge, where it was discolored and black. There was a red tinge of inflammation surrounding the pyloric orifice of the stomach. The suppuration in the abdominal muscles pointed outwards and not to the peritoneum.

Upon a review of the whole,

the fallacious and insidious nature of these affections, were never more faithfully conspicuous than in the sequel of the history of this man's case. The whole subject seems to furnish an useful lesson to the practitioner, and much instructive matter for the consideration of the pathologist. It proves furthermore, that inflammation may exist in a state of chronic debility (so to speak), may proceed with a concealed or smothered flame, and may be followed by the same destructive symptoms — by the like speedy and fatal consequences, as most usually result from the more vehement and rapid progression of inflammatory excitement. These affections have accordingly been described by the continental writers* under the names of occult, apyrectic, and anodyne enteritis, &c.

It may be further remarked that the suppuration in the abdominal muscles pointed outwards and not to the peritoneum, which seems to be an almost universal law of nature to determine the abscess to the external surface, where it is least likely to endanger the safety of the sufferer. It is not probable therefore that this suppuration in the abdominal muscles accelerated in any material degree, the death of the patient. Of the nature of the inflammation in these muscles, there cannot be the shadow of a doubt, as also its comparative innocuousness—the real seat of destructiveness, the insidious and deceptive cause of death resided in the intestines themselves and in their membranes, where it assumed the *erythmatic variety* of inflammation without being in any way accelerated, retarded, or modified by the superjacent affection. "If the peritoneum," says Mr. HUNTER, "which lines the cavity of the abdomen inflames, its inflammation does not effect the parietes of the abdomen; or if the peritoneum covering any of the viscera is inflamed, it does not affect the viscera. Thus, the peritoneum shall be universally inflamed, as in the puerperal fever, yet the parietes of the abdomen, and the proper coats of the intestines, shall not be affected. On the other hand, if the parietes of the abdomen or the proper coats of the intestines are inflamed, *the peritoneum shall not be affected.*" Or, in reference to the case before us, the inflammation in the abdominal muscles, did not produce the inflammation of the viscera, nor vice versa—the two affections being totally independent of each other, and diametrically opposite in their nature, in their disposition to attack particular organs or parts, in their symptoms and progress, their terminations and appearances, after death.

Another characteristic of this species of inflammation is, peculiar tendency to *fix itself on the external coats of the intestins.* The pyloric orifice of the stomach was covered with a red tinge of inflammation—its migratory disposition therefore should not be overlooked, as it differs materially in this respect from the suppurative variety.—"There is," says the same illustrious author, "an inflammation

* Piquesteot, Initia, vol. 5, 108.

which attacks internal canals which is classed with the erysipelatous; but how far it is the same I do not know. It is certainly not the suppurative.—Whatever it is, it may be considered, in some of its effects, to be in direct opposition to the adhesive and suppurative inflammations; for where the adhesive most readily produces adhesions there the erysipelatous does not, as in the common cellular membrane: and where the adhesive seldom takes place, excepting from extreme violence, there this inflammation (if erysipelatous) has a tendency to produce adhesions, as in canals and outlets. It also opposes, in some degree, the suppurative, it being backward in producing suppuration even in those places where suppuration most readily takes place, such as canals and outlets; for there, as above observed, it most readily throws out the coagulating lymph.—Whatever the inflammation may be, it is certainly attended with nearly the same kind of constitutional affection. The fever in both appears to be the same, viz. accompanied with debility and langour.

Finally, the species may, in some degree, depend upon, or be determined by, the previous state of constitution, or particular idiosyncracy of the individual, by which one person may be rendered more obnoxious to this variety than another, or be more liable to be thus afflicted at one period than at another.

March 31.—A man was admitted about a week since, with a dislocation of the first joint of the thumb backwards; the first phalanx being thrown behind the head of the metacarpal bone, although repeated attempts have been made to reduce it they have not, up to this period, been successful. The inflammation was considerable at first, but has since been reduced and kept down by a lotion of acetated ammonia and rectified spirits.

A few cases of simple fracture have been admitted this week, together with some other accidents undeserving a more particular notice. A coachman was admitted who had fallen from his box, and who died a few hours after his admission, but as no post mortem examination has hitherto been made, we shall postpone the further notice of this case till our next number.

See Page 59

Extraordinary Case of Loss of the faculty of Speech, successfully treated by FREDERICK BASSET, *Esq. Member of the Royal College of Surgeons in London.*

To the Editor of The Lancet.

SIR,—On Thursday the 5th of this month I was requested to see a young lady, eighteen years of age, and a full plethoric habit of body, who had lost her voice in June last, upon enquiry I found, that at that time, from excessive grief and anxiety, she had had a paralytic stroke, which deprived her for some hours of the use of her right side; a medical gentleman was sent for, who attended her for some time, and restored to her the use of her limbs, but not of the

organs of speech. She was then removed into the country, where also she was regularly attended by a professional man, and Dr. BABINGTON, there also saw her, and decided the case to be a complete paralysis of the tongue, and I believe was the one who advised galvanism, which was several times performed by Mr. LABANMA of Southampton Street, without producing any beneficial effect. It was some time subsequent to this that I saw the patient, and upon examination found Dr. BABINGTON's opinion of the disease perfectly correct, and that the paralysis extended to the muscles of the larynx. The tongue was drawn to the posterior part of the mouth, appeared very white, and with a very feeble circulation through it, quite insensible to the prick of a needle, and perfectly immovable.

I ordered a mustard poultice to be applied to her throat every night, to inhale the steam arising from boiling water, having some flour of mustard in it*; to take one pill composed of extract. colocynth. c. gr. v. & hyd. submur. gr. j. every other night, and to gargle the throat and mouth with the following mixture, five or six times a day:

℞ Infus. sinapis, ℥ viij.
Tinctur. capsici
———Myrrhæ aa ℥ j. ft. gargar.

She began this treatment on the day following (Friday) and I saw her again on the Monday after. She was the same, except the tongue looked a little more vascular. I altered the gargle as regards the infus. sinapis to the infus. armoraciæ compos*, and desired her to continue the same plan with this exception. On the next Thursday I again visited her, when I found the tongue much more red, and appeared to have every now and then a tremulous motion. I ordered her to continue as before, and on the following Monday, when I called, was both surprised and delighted to be accosted by her with "Good morning to you." Upon requesting to know when and how this change took place, I was informed that on the morning after I saw her, she awoke and found her tongue hanging out of her mouth, upon rubbing it she felt it give her pain, and upon attempting to speak, found she was capable of doing so nearly as well as before the attack.

This young lady is now perfectly well, and articulates better than ever, having lost an impediment which had existed from her infancy.

FREDERICK BASSET.

* Four or five times in the course of the day.

* I forgot to mention I ordered her some lozenges, made as subscribed, and to dissolve four or five in her mouth in the course of the day—

℞ Pulv. capsici. ℥ ij.
Zingiberis ℥ ij.
G. Acaciæ ℥ ij,
Sacchari ℥ i et
Esprit de Rose ℥ j.
fiant Troches lx.

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